

UNITED STATES DISTRICT COURT
DISTRICT OF MAINE

CIVIL ACTION
Case No. 20-cv-00237-JDL

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ED FRIEDMAN,

Plaintiff

vs.

CENTRAL MAINE POWER,

Defendant

* * * * *

ZOOM DEPOSITION OF: DAVID C. BENTON, M.D.

BEFORE: Melissa L. Merenberg, RPR, Notary
Public, in and for the State of Maine, on February 3,
2022, beginning at 8:45 a.m.

APPEARANCES

David Lanser, Esq. For the Plaintiff

Christopher C. Taintor, Esq. For the Defendant

Maureen McCrann Sturtevant, Esq. For the Witness

THE REPORTING GROUP
(207) 281-4230

DEPONENT: DAVID C. BENTON, M.D.

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* * * * *

EXHIBIT LIST

No. Marked	Description	Referred
1	Progress Notes	5
2	November 30, 2016 Letter	9
3	April 30, 2020 Letter	15
4	April 30, 2020 Letter	16
5	October 17, 2013 Test Results	7
6	September 4, 2010 Test Results	-
7	Test Results	7
8	September 4, 2010 Test Results	16
9	October 25, 2010 Letter	17

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(This Zoom deposition was taken before Melissa L. Merenberg, RPR, Notary Public, in and for the State of Maine, on February 3, 2022, beginning at 8:45 a.m.)

* * * *

(Also present at the deposition was Tim Connolly.)

* * * *

(The deponent was administered the oath by the Notary Public.)

* * * *

11 DAVID C. BENTON, M.D., called, after having been duly sworn
12 on his oath, deposes and says as follows:

EXAMINATION

14 BY MR. TAINTOR:

15 Q Good morning, Dr. Benton. Can you hear me okay?

16 A I can.

17 Q My name is Chris Taintor. I represent Central Maine
18 Power Company in a lawsuit brought by your patient, Ed
19 Friedman.

20 Have you ever testified in a deposition before?

21 A I have.

22 Q Okay. So you understand essentially how this is going
23 to happen. I'm going to ask you some questions, other
24 lawyers may have the chance to ask questions or to
25 object to questions, do you understand all that?

1 A Yes.

2 Q And you understand that the oath that you've just
3 taken is the same oath that you would take if you were
4 testifying live in a courtroom?

5 A Yes.

6 Q Because I'm a layman and I certainly don't understand
7 the medicine involved here and I hope not to get too
8 involved in it anyway, it's likely that I will ask you
9 questions that don't make sense to you and that
10 require restatement or clarification. Would you let
11 me know if that happens so that we're sure that you're
12 answering only questions that make sense to you?

13 A Okay.

14 Q I understand from reviewing the record of New England
15 Cancer Specialists that you have been Ed Friedman's
16 treating oncologist since 2013; is that correct?

17 A Yes, yeah.

18 Q And have you received the deposition exhibits that I
19 emailed to your attorney yesterday?

20 A Yes, the nine exhibits here.

21 Q Right. And Exhibit 1 is --

22 A Just a moment. Can you -- can people identify
23 themselves here?

24 Q Sure.

25 A I don't know who you people are.

1 MR. LANSER: This is Dave Lanser on behalf of
2 plaintiff, Ed Friedman.

3 THE WITNESS: Okay.

4 MR. CONNOLLY: I'm Tim Connolly. I'm one of the
5 in-house lawyers at Central Maine Power Company.

6 THE WITNESS: Okay.

7 MR. TAINTOR: And Melissa, of course, is the
8 court reporter, the most important person here, other
9 than yourself.

10 BY MR. TAINTOR:

11 Q Exhibit 1 is 142 pages of, I guess, what I would
12 characterize as progress notes. Are you able to
13 confirm that those are all of your progress notes from
14 the time you started treating Mr. Friedman until
15 today?

16 A I can't confirm that's everything, but just the
17 timeline.

18 Q Okay. So your most recent encounter with him was in
19 December of 2021; is that correct?

20 A That would be about accurate.

21 Q Okay. That's the first page of Exhibit 1?

22 A Mm-hmm.

23 Q And the -- what I have as your first encounter, I
24 think, is a note that starts at page 140 of Exhibit 1,
25 and that's dated October 2, 2013. Would you look at

1 that and --

2 A Which page do you want me to look at, sir?

3 Q 00140.

4 MS. STURTEVANT: Actually, if you go to page 140
5 of the PDF, that's --

6 THE WITNESS: Right. That's what I am looking
7 for.

8 That's a consultation note, so that would be
9 accurate in terms of when I first saw him.

10 BY MR. TAINTOR:

11 Q Okay. And so this says, He's here today for
12 consultation regarding persistent anemia. And I am
13 just trying to understand, it looks like shortly after
14 this encounter, you ordered some testing which
15 confirmed that Mr. Friedman has a form of
16 non-Hodgkin's lymphoma, correct?

17 A Correct.

18 Q Was this referral -- was this consultation the result
19 of a referral by Mr. Friedman's primary care
20 physician?

21 A That's usually how they get to me. I couldn't say --
22 my note does not say who referred to it. There may be
23 another note that's a consultation -- you know, a page
24 that gets imported to the record that's, you know,
25 faxed from the primary care office, but in this note,

1 it doesn't look like I identified who sent the patient
2 here. It said that it is referred.

3 Q Actually, it looks like on the next page you copied
4 Marcus Deck. He is a primary care physician?

5 A He is, yeah. That is who would be referring him. Ed
6 is still a patient of Marcus Deck.

7 Q Okay. And if we look at Pages 527 and 28, as well as
8 570, are those the test results that confirmed or that
9 established the diagnosis of malignant lymphoma?

10 MS. STURTEVANT: So, Chris, you have those marked
11 as Exhibits 5 and 7?

12 MR. TAINTOR: That's probably true, yeah. Let me
13 take a look at that. Correct.

14 BY MR. TAINTOR:

15 Q Exhibits 5 and 7 are the test results that confirmed
16 or established the diagnosis of malignant lymphoma?

17 A Right.

18 Q Okay. And hoping to sort of streamline the deposition
19 as much as I can without going through a whole bunch
20 of records in sequence. Are you able to sort of
21 recount for me the overall arc of Mr. Friedman's
22 treatment and progress in the eight years or so that
23 you have been treating him in terms of how he's done
24 and what you've -- what treatment you have provided
25 and how it's affected him?

1 A He presents with anemia that I believe to be
2 multifactorial. There had been a recent accident,
3 hospitalization, I believe for a broken hip. There
4 was some question that it was iron deficiency that was
5 contributing, and I treated that without much change.
6 And then bone marrow biopsy, lymphoma. He was started
7 on Bendamustine Rituximab, which he responded
8 partially to.

9 I think -- around the time I wrote that letter,
10 that was in 2016, I would have to go back and look, he
11 had a relapse, so the IGM levels started to go back
12 up. He was started on ibrutinib, and that worked
13 well. And he's been, I would say, controlled since
14 then with some spikes when he goes off medication.
15 Currently, he's on zanzabrutinib and still is
16 responding to therapy.

17 THE COURT REPORTER: Can you say that, what he's
18 on now, again?

19 THE WITNESS: It's zan -- I would have to write
20 it down myself. Zanzabrutinib. I'll give you the
21 spelling in a sec here. So ibrutinib is basically as
22 it sounds, brut -- i-b-r-u-t-i-n-i-b and then
23 zanzabrutinib, zan --

24 MS. STURTEVANT: I've got it in the record as
25 z-a-n-u-b-r-u-t-i-n-i-b.

1 THE WITNESS: That sounds right.

2 BY MR. TAINTOR:

3 Q So from the time you diagnosed Mr. Friedman in October
4 of 2013 until you wrote the letter, which is Benton
5 Deposition Exhibit 2, dated November 30, 2016, had you
6 noted in your treatment of him any cognitive
7 impairment that he was experiencing?

8 A No.

9 Q I'm sorry, no you said?

10 A Correct. No cognitive impairment that I was aware of.

11 Q And over the course of that roughly three-year period,
12 had you noted any memory impairment?

13 A During the first three months of -- three years of
14 treatment?

15 Q Correct.

16 A And this is a question of memory impairment versus
17 cognitive impairment?

18 Q Right.

19 A I did not see any change in memory.

20 Q And the reason I'm asking that is if we look at Benton
21 Deposition Exhibit 2, which is your letter dated
22 November 30, 2016 -- let me know when you have that in
23 front of you.

24 A I have it in front of me.

25 Q Okay. The second paragraph of the letter says, We are

1 concerned that low-level non-ionizing radiation
2 exposure of the type and levels emitted by
3 Electromagnetic Frequency invoicing tools may
4 exacerbate problems already experienced by my patient,
5 including fatigue, cognitive difficulties, memory
6 issues, and multiple cancer types.

7 And what I think I understand you to have just
8 said is that as of this date, you were not aware that
9 Mr. Friedman had experienced cognitive difficulties or
10 memory issues. Am I correct about that?

11 A Correct.

12 Q So I noted in the medical record that -- and if we
13 look at Page 87 of Exhibit 1, Pages 87 and 88. Let me
14 know when you have that.

15 A 87. Okay. So I have got 87. I will just read that a
16 moment.

17 Q It really goes over on to 88.

18 A Okay.

19 Q Just let me know when you're all set.

20 A Okay. Okay.

21 Q So you note there at the top of Page 88 where you
22 said, Reviewed letter to CMP, plan to make changes and
23 get it back to the patient.

24 A Mm-hmm.

25 Q Is that referring to the letter that we have marked as

1 Benton Deposition Exhibit 2?

2 A Yes.

3 Q So do you have a -- I take it you don't have a copy of
4 the letter that -- well, let me ask the question
5 differently. Am I to understand from this that
6 Mr. Friedman came to you with a letter that he wanted
7 you to send to Central Maine Power Company?

8 A Yes.

9 Q Do you have a copy in your file anywhere or anywhere
10 in your possession or control that is the original
11 letter that Mr. Friedman presented to you on or about
12 October 5, 2016?

13 A Not that I'm aware of.

14 Q As you are sitting here today, do you have any memory
15 of how the letter, which is marked as Benton
16 Deposition Exhibit, 2 differed from the letter
17 Mr. Friedman presented to you back in October of 2016?

18 A I believe I was responsible for that first paragraph,
19 that sounds like my wording. The second paragraph I
20 soften to say, We're concerned, not the causation
21 necessarily. And I put in the word may. And the
22 third paragraph seems like it could come from either
23 one of us.

24 Q Okay. So when you say that you softened that
25 paragraph to eliminate -- this is my paraphrasing,

1 that you said, you softened the language to eliminate
2 references to causation, what do you mean by that?

3 A It means I don't know what caused his lymphoma.

4 Q Did -- did the letter presented to you by Mr. Friedman
5 suggest that -- I'll phrase the question differently.

6 A It was a little bit more -- just a moment. I'm going
7 to have to step out.

8 Q Sure.

11 A He was a little bit more certain of things, but I
12 forgot exactly what he said, but I remember putting in
13 the word may.

14 BY MR. TAINTOR:

15 Q Okay. Okay. Is it fair to assume that since you had
16 not noted any cognitive difficulties or memory issues
17 that have been experienced by Mr. Friedman, that
18 language would be his?

19 A Yes.

20 | Q And then it refers to multiple cancer types.

21 A I will stop you and just say those are Ed's words
22 there.

23 Q Okay. And I -- and he did -- he was complaining over
24 the course of his treatment and probably still does
25 complain of fatigue; is that true?

1 A Recently I can't recall talking about too much
2 fatigue.

3 Q Okay. So as of the time you signed this letter --
4 well, first of all, do you remember having a
5 conversation with Mr. Friedman about what you were and
6 were not comfortable putting in the letter?

7 A Yes.

8 Q Can you describe that conversation for me?

9 A Well, not a verbatim memory of the discussion, but
10 just that I wasn't comfortable saying, you know, that
11 EMF exacerbates problems already experienced. I said
12 they may exacerbate.

13 Q And before signing the letter, did you perform any
14 research at all to support the proposition that EMF
15 may exacerbate problems Mr. Friedman had already
16 experienced?

17 A No.

18 Q Had you, prior to this date, ever advised Mr. Friedman
19 to minimize his exposure to electromagnetic frequency
20 radiation?

21 A No.

22 Q In the course of your practice, had you ever
23 recommended to patients that they not have smart
24 meters in their homes?

25 A No.

1 Q When you signed this letter, were you even aware of
2 what a smart meter was?

3 A My understanding of a smart meter is that it's
4 basically Wi-Fi network and that Central Maine Power
5 is putting them in all homes.

6 Q And I take it you had not formed any opinion as of
7 November 30, 2016, on the question of whether exposure
8 to electromagnetic frequency radiation from smart
9 meters posed any sort of a risk to human health; is
10 that true?

11 MS. STURTEVANT: Objection to form and
12 foundation, Chris. Maybe if we just keep it limited
13 to this patient.

14 MR. TAINTOR: Well, I think I would like to ask
15 that broader question first.

16 MS. STURTEVANT: Dr. Benton, if you can -- you
17 can answer if you're willing to give that, you know,
18 that opinion outside of Mr. Friedman's care.

19 A I know in Mr. Friedman's care, he is extremely anxious
20 about this issue, and I think that causes him stress.
21 So I was hoping that he could live his life with
22 cancer without that stress and, therefore, I asked for
23 a reasonable accommodation. Why you all are pushing
24 back on that, I have no idea.

25 BY MR. TAINTOR:

1 Q So are you upset to be here this morning, Doctor?

2 A I don't enjoy it.

3 Q Okay. My question is not about whether having --

4 A You asked about health, right? So just pure physical

5 health or mental health?

6 Q No, let me sharpen the question. As of the time that

7 you wrote this letter of November 30, 2016, had you

8 ever formed the opinion that exposure to non-ionizing

9 radiation from smart meters posed a risk to physical

10 health of human beings?

11 MS. STURTEVANT: Same objection.

12 But you can answer, Doctor.

13 A No. Although I do have patients who feel like they

14 can feel it. That raises some question. But I have

15 no research or data to support that in a published

16 article.

17 BY MR. TAINTOR:

18 Q I want to ask you now about Benton Deposition Exhibit

19 3. And that's a similar letter dated April 30, 2020.

20 Do you have any memory of the circumstances

21 surrounding your signing this letter?

22 A No, I don't remember signing this letter. It looks

23 like probably a copy that I wrote before; is that

24 correct? Yeah, I don't know why this was reprinted.

25 I don't know. I don't have memory of this issue in

1 2020.

2 Q Okay.

3 A My nurse may have printed out a new copy for him. I
4 don't know that.

5 Q Okay. Yeah, actually if we look at Page -- Exhibit 4,
6 this looks like a slightly different version of the
7 same letter, just that it first appears as though it
8 has a signature line for a nurse in your office and
9 then --

10 A Right. She probably printed that off and it came out
11 with her name on it so they redid it with my signature
12 on it, would be my guess. That is my nurse, and she
13 would take care of an issue like that.

14 Q You don't remember signing this letter?

15 A No.

16 Q Okay.

17 A Again, I suspect that she made this letter and then
18 realized it was coming out with her name, redid it
19 with my old signature on there.

20 Q Got it. Thank you.

21 I want to ask you about Deposition Exhibit 8.
22 Just let me know when you have it.

23 A Okay. I have it.

24 Q So this appears as though you referred Dr. -- excuse
25 me -- referred Mr. Friedman to Dr. Castillo for -- is

1 Dr. Castillo someone who has more expertise with
2 Mr. Friedman's particular cancer?

3 A He's a subspecialist in Waldenstrom's
4 macroglobulinemia.

5 Q Do you know whether Mr. Friedman continues to have a
6 relationship or any treatment from Dr. Castillo?

7 A Via me. You know, I email Jorge Castillo when I'm
8 changing therapies, if I have questions. I don't
9 think he's been down there in several years.

10 Q Okay. And then Exhibit 9 is a letter from the
11 National Cancer Institute to Mr. Friedman, 2010. Do
12 you have a recollection of how this ended up in your
13 file?

14 A No.

15 Q Do you have -- is it your belief that Mr. Friedman's
16 Waldenstrom's is genetically transmitted, if that's
17 the right term?

18 A I don't know.

19 Q Have you had any communications with Mr. Friedman
20 about this litigation?

21 A I knew he was talking about it for a while, and then I
22 was contacted by his lawyer, but that's about the
23 extent of our discussions on it.

24 Q And what was the -- who was the lawyer that contacted
25 you?

1 A I believe it was Dave Lancer on the call here.

2 Q Okay. And can you tell me about those conversations?

3 A Yeah, I was upset that I was being pulled into this.

4 Q And can you tell me anything else about the

5 conversation that you recall?

6 A No.

7 Q Is that because you can't remember?

8 A There wasn't much more to it.

9 Q Have you had any other conversations either with

10 Mr. Friedman or with his lawyers about the litigation

11 and your involvement in it?

12 A I think I -- I let Ed know I was not happy with being

13 pulled into this, but that was a one-sentence

14 conversation.

15 Q Do you have any email correspondence with Mr. Friedman

16 of any kind?

17 A Ed sent me articles that he thinks I might be

18 interested in on this topic, but I don't look at them.

19 Q On the topic of electromagnetic radiation?

20 A I think so, but, again, I don't read them, so I don't

21 know exactly.

22 Q You don't correspond with him by email?

23 A No, generally not. I think I have responded to a

24 question about a clinical issue here and there, but

25 nothing on this topic.

1 Q Okay. All right. Those are all my questions. Thank
2 you very much. I don't know if Mr. Lancer may have
3 some questions for you.

4 MR. LANSER: I may have just a couple of follow-
5 ups. Let me look at my notes. But it will be brief,
6 I assure you.

7 EXAMINATION

8 BY MR. LANSER:

9 Q So, yeah, just a few brief follow-ups here,
10 Dr. Benton.

11 I believe you mentioned when Mr. Taintor was
12 questioning you, you mentioned you -- or you
13 referenced some distinction between physical and
14 mental health; is that correct?

15 A Yes.

16 Q I believe your -- yeah, I believe you were talking
17 about -- you said something along the lines of the EMF
18 issues causing Mr. Friedman a lot of stress; is that
19 accurate?

20 A Yes.

21 Q Okay. And stress or other mental health issues like
22 that, do those ever -- do those affect your -- the way
23 that you go about treating a patient ever? Is that
24 something you take into account?

25 A That's a little too broad a question. I'm not sure I

1 understand it in that case.

2 Q Yeah, it was not a very well-phrased question.

3 I guess what I'm getting at is when you're
4 forming basically a treatment plan for a patient, you
5 take into account patient opinions, patient's mental
6 health, that sort of thing?

7 A Yes.

8 Q Is there any cure for Mr. Friedman's diagnosis?

9 A No, therapy is really based on maintaining --
10 maintaining the disease, control it, but not cure it.

11 Q Okay. So basically for Mr. Friedman -- it's fair to
12 say the goals of the treatment of Mr. Friedman is just
13 to, you know, try to keep things status quo as much as
14 possible, maintain as it as best as you can?

15 A Correct. We refer to that as palliative treatment
16 because it's not curable intent treatment, but
17 palliative doesn't mean end of life either.

18 Q Sure. Do you take into account factors such as a
19 patient's diet or activities, things like that when
20 assessing the plan of treatment?

21 A Ask that again, David.

22 Q Yeah, I'm just asking if a patient's -- just as an
23 example, external factors, such as their diet or their
24 physical activities, is that something that you take
25 into account in a plan of treatment?

1 MS. STURTEVANT: Can I -- are you asking for the
2 -- Mr. Friedman's diagnosis, all patients, or just
3 him? Maybe if we focus it a bit more, it would be
4 helpful.

5 MR. LANSER: Yeah, we'll limit it to
6 Mr. Friedman.

7 BY MR. LANSER:

8 Q Do you take into account, you know, his personal
9 activities, his diet?

10 A I take into account what I think they can tolerate in
11 terms of physical tolerance, mental tolerance, how
12 well they're going to tolerate side effects, mental
13 state's important in that. So, yes, I do take those
14 things into account.

15 Is Mr. Connolly still part of this phone call or
16 has he signed off at this point? I don't like having
17 a black --

18 MR. CONNOLLY: I apologize, Dr. Benton. In the
19 home world, we have kids and stuff running around so I
20 just take them off the screen.

21 BY MR. LANSER:

22 Q Are there any -- as far as Mr. Friedman, do you take
23 into account environmental factors that might affect
24 his diagnosis?

25 A Not -- in terms of my choice of treatment?

1 Q Yeah.

2 A No, I did not.

3 Q And when we looked very briefly at Exhibit 9, which
4 was the letter from the National Cancer Institute
5 that's in the file, and then you also mentioned some
6 other studies that he had sent to you and you hadn't
7 read, does -- is it fair to say Mr. Friedman is pretty
8 well-read on the topic as far as you understand it?

9 MS. STURTEVANT: Objection to foundation.

10 A I don't know. You would have to ask Mr. Friedman.

11 BY MR. LANSER:

12 Q What are Mr. Friedman's primary symptoms?

13 A From his disease or from his treatment?

14 Q Good distinction. Let's start with the disease and
15 then treatment.

16 A From his disease, it was really just fatigue and
17 anemia or anemia causing fatigue or anemia -- or
18 lymphoma causing anemia and fatigue. You can't tell
19 the difference really. That was the presentation in
20 2013. Since then I don't think he's had any symptoms
21 from his disease and all the symptoms he has
22 experienced have been side effects of -- not all, but
23 there are some symptoms he's had that were side
24 effects of the treatment.

25 Q Okay. Great. And what are the side effects of the

1 treatment generally?

2 A He's had hypertension and easy bruising, minor trauma
3 causing easy bruising.

4 Q Do patients ever self-report symptoms?

5 A That's the only person who could report a symptom.
6 Signs -- I mean, the doctor determines the symptoms
7 your patient complains of. That's the definition of a
8 symptom, self-complaint.

9 Q Okay.

10 A Which hypertension is something I diagnosed, so I
11 guess that would be a sign, right.

12 Q Sure. Something like fatigue would be something that
13 would be self-reported generally?

14 A Correct.

15 Q I don't have any further questions either. Thank you,
16 Dr. Benton.

17 A Okay.

18 MR. TAINTOR: I have no other questions. Thanks.
19 (The deposition was concluded at 9:17 a.m.)
20 (Read and sign was sent to Ms. Sturtevant.)

21

22

23

24

25

CERTIFICATE

I, Melissa L. Merenberg, RPR, a Notary Public in
and for the State of Maine, hereby certify that
the within-named deponent was sworn to testify to
the truth, the whole truth, and nothing but the
truth, in the aforementioned cause of action.

I further certify that this deposition was stenographically reported by me and later reduced to print through computer-aided transcription and that the foregoing is a full and true record of the testimony given by the deponent.

I further certify that I am a disinterested person in the event or outcome of the above-named cause of action.

IN WITNESS WHEREOF, I subscribe my hand and
affix my seal this 3rd day of February, 2022.

/s/ Melissa L. Merenberg

MELISSA L. MERENBERG, RPR

NOTARY PUBLIC

Court Reporter

My commission expires: February 28, 2022.

SIGNATURE PAGE

I, DAVID C. BENTON, M.D., have read the foregoing pages of my transcript or have had the foregoing pages of my testimony read to me and have noted any changes in form or substance of my testimony, together with their respective corrections and the reasons therefore, on the following errata sheet(s).

DAVID C. BENTON, M.D.

(Date)

TO BE COMPLETED BY NOTARY PUBLIC OR ATTORNEY:

I, a Notary Public/Attorney in and for the State of Maine, hereby acknowledge that the above-named witness personally appeared before me, swore to the truth of the foregoing statements and affixed his/her signature above as his/her true act and deed.

(Date)

My commission expires:

ERRATA SHEET INSTRUCTIONS

Please note on the errata sheet below any changes in form or substance to your testimony contained in your deposition transcript. For each change, list the page and line number, the words you wish to change, the change, and the reason for the change; ex: Typo, wrong word, word omitted, etc. be sure to sign the errata sheet. You must also sign the signature page and have it notarized. Please return the errata sheet and signature page to the attorney mentioned on the cover letter.

14 | Page/Line: Words to Change: Changed to: Reason:

Signature of Deponent

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6 February 3, 2022
7

8 RE: Ed Friedman v. Central Maine Power Company.
9

10 Deposition of: David C. Benton, M.D.
11

12 INSTRUCTIONS FOR READING & SIGNING TRANSCRIPT
13

14 Enclosed please find a copy of your deposition
15 taken on February 3, 2022, in the above-referenced
16 matter within thirty (30) days, please read the
17 transcript, indicating any errors on the enclosed
18 errata sheet, and sign the signature page and
19 errata sheet before a notary public. Please
20 return the properly executed original signature
21 page and errata sheet to:
22

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2 Portland, ME 04112-4600
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